

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS FOR PAYMENT FOR RESERVING BEDS DURING A RECIPIENT'S ABSENCE  
FROM AN INPATIENT FACILITY

CITATION

42 CFR  
447.40

PAYMENT FOR RESERVATION OF BEDS

A temporary absence of a recipient from a facility (nursing facility or ICF/MR) shall not interrupt the monthly payment to the facility provided the facility keeps a bed available for the recipient subject to the limitations outlined in I and II below.

The period of absence is determined by counting as the first day of absence the day the recipient left the facility. Only a period of twenty-four (24) hours or more shall be considered an absence. Absences for twenty-three (23) hours or less on a consistent basis could jeopardize continued medical certification for the resident.

The Bureau of Health Services Financing, Health Standards Section, shall determine whether hospitalization is for an acute condition or if a recipient's plan of care provides for leaves of absence.

I. Hospital Leave Days

- A. For residents of Nursing Facilities, the bed is reserved for up to seven (7) days per hospitalization for treatment of an acute condition.
- B. For residents of ICF/MR facilities, the bed is reserved for up to seven (7) days per hospitalization for treatment of an acute condition.

II. Other Leave Days

The bed may be reserved for up to the limitations specified below for leave(s) of absence other than hospitalization.

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- A. The bed of a resident of a long term care facility other than an ICF/MR facility is reserved for up to fifteen (15) days per calendar year for leave(s) of absence such as a visit with

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relative(s) or friend(s) when permitted by the recipient's plan of care. These days are recomputed annually beginning on January 1 of each year.

- B. The bed of a resident of an ICF/MR facility is reserved for up to forty-five (45) days per State fiscal year with a thirty (30) day limit per temporary absence per recipient when permitted by the recipient's plan of care. A paid leave of absence is defined as any temporary stay outside of the facility provided for in the recipient's plan of care.

The count of utilized leave days begins on July 1st of each year and runs through June 30th of the following year. The fiscal intermediary resets the counter to zero and begins the computation anew beginning each July 1.

Leave days covered under the 45 day limit include visits with relative(s) or friend(s) and camp days. Leave days for the following purposes shall be excluded from the annual 45 day limitation but are still limited to thirty (30) days per occurrence per recipient and shall be included in the written plan of care:

- (1) Special Olympics
- (2) Roadrunner sponsored events
- (3) Louisiana planned conferences
- (4) Trial discharge leaves - fourteen (14) days per occurrence.

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